

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD  
BUREAU OF OCCUPATIONAL LICENSES  
1109 Main Street, Suite 220  
Boise, Idaho 83702-5642**

**APPLICATION INSTRUCTIONS FOR AUDIOLOGY LICENSE**

The requirements noted below are for general information only. Please review the applicable laws and rules for the complete licensure requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. Failure to provide a complete application will result in its return to you. Applications will be reviewed by the Board only after all required documentation has been received.

**Definitions**

"Practice of audiology" means to apply the principles, methods and procedures of measurement, evaluation, testing, counseling, consultation and instruction that relate to the development and disorders of hearing, vestibular functions and related language and speech disorders to prevent, modify or rehabilitate the disorders or to assist individuals in auditory and related skills for communication, and may include intraoperative monitoring and the fitting, adjustment, programming, selling and dispensing of hearing aids and assistive devices.

"Practice of fitting and dealing in hearing aids" means the selection, adaptation, dispensing, fitting or sale of hearing aids, and includes the testing of hearing by means of an audiometer, or by any other device designed specifically for these purposes. The practice also includes the making of impressions for earmolds.

"Hearing aid" means any wearable electronic instrument or other device designed for the purpose of aiding or compensating for impaired human hearing and any parts, attachments or accessories, including earmolds attached to the hearing aid, but excluding batteries and cords. "Hearing aid" does not include those devices classified by the federal drug administration as assistive listening devices.

**License Requirement**

Except as otherwise provided by law, it shall be unlawful for any person to engage in the practice or to perform or offer to practice audiology or to act as a hearing aid dealer or fitter unless such person is duly licensed. A license issued by the Board shall be posted in the licensee's established place of business or carried upon the person, and shall be presented as proof of licensure upon demand.

It is unlawful for any person or business entity, or its employees, agents or representatives, to use in connection with his or her name, or name of activity of the business, the words "audiologist," "audiometrist," "hearing clinician," "hearing therapist," or any other title, abbreviation or insignia indicating or implying directly or indirectly that such person, business entity, employee, agent or representative is engaged in the practice of audiology, unless such services are provided by an audiologist licensed in accordance with this chapter or lawfully exempt.

It is unlawful for any person or business entity, or its employees, agents or representatives, to use in connection with his or her name, or name of activity of the business, the words "hearing aid dealer and fitter" or any other title, abbreviation or insignia indicating or implying directly or indirectly that such person, business entity, employee, agent or representative is engaged in the practice of audiology or hearing aid dealing and fitting, unless such services are provided by an audiologist or hearing aid dealer and fitter licensed in accordance with Idaho law.

**Qualifications for licensure -- Audiologist.**

(1) To be eligible for licensure by the board as an audiologist, the applicant shall:

- (a) File a written application with the board. A nonrefundable application fee shall accompany the completed application.
- (b) Provide documentation satisfactory to the board that the applicant possesses a master's or doctoral degree with emphasis in audiology or not less than seventy-five (75) semester credit hours of post-baccalaureate study that

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culminates in a doctoral or other recognized degree from a nationally accredited school for audiology with a curriculum acceptable to the board;

(c) Pass the national Praxis audiologist examination;

(d) Have never had a license for audiology revoked as part of disciplinary action from this or any other state, and shall not be found by the board to have engaged in conduct prohibited by section 54-2923, Idaho Code, provided however, the board may take into consideration the rehabilitation of the applicant and other mitigating circumstances.

(2) The applicant shall disclose on his written application:

(a) Any criminal conviction or charge, other than minor traffic infractions, against the applicant;

(b) Any disciplinary action taken against the applicant by any professional regulatory agency, including any agency within the state or any other state; and

(c) Any denial of registration or licensure by any state or district regulatory body.

(3) The board may require an applicant to be personally interviewed by the board or a designated committee of the board. The interview shall be limited to a review of the applicant's qualifications and professional credentials.

### **Provisional permit.**

The board may issue a provisional permit to allow a person to engage in the practice of audiology while completing either the required postgraduate experience or a comparable experience as part of a doctoral program in audiology as required by law. The holder of a provisional permit may practice only while under the supervision of a person fully licensed under Idaho law. (See Rule 450.) Please use the Provisional Permit Application form.

### **Dual licensure.**

A person may be licensed as both an audiologist and a speech-language pathologist if such person duly meets the requirements of licensure for both. A person obtaining licensure as both an audiologist and a speech-language pathologist shall be charged fees as though the person had obtained only one (1) license.

### **Fees**

The appropriate fees must be attached to each application. Application fees are not refundable.

Application fee	\$30.00
Original License	\$100.00

### **A.D.A. NOTICE**

If you have a disability as defined under the Americans with Disabilities Act, and you require special examination accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

### **IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD BUREAU OF OCCUPATIONAL LICENSES**

**1109 Main Street, Suite 220**

**Boise, Idaho 83702-5642**

**E-mail - [shs@ibol.state.id.us](mailto:shs@ibol.state.id.us)**

**Web site – [www.ibol.idaho.gov/shs.htm](http://www.ibol.idaho.gov/shs.htm)**

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13. **Have you ever voluntarily surrendered a license, certification, or registration?** [ ]Yes [ ]No  
(If Yes, a written explanation of the circumstances surrounding the surrender must be attached.)
14. **Have you ever been convicted of any State or Federal felony?** [ ]Yes [ ]No  
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

### AFFIDAVIT

I hereby attest under penalty of perjury that the responses provided and those attached to this application are true and accurate to the best of my knowledge and belief. I further attest that I have reviewed and will comply with the Idaho Laws and Rules and those ethical standards adopted by the Board that govern the practice for which I am applying. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying.

I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**You will be notified of your application's status by mail. Please do not call the Bureau.**